

Missouri Hospital Preparedness: Identified Threats and Focus Areas

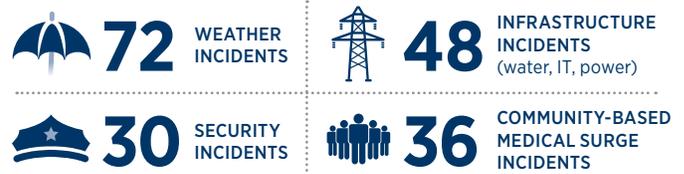
Integrating Preparedness to Improve Organizational Performance

Preparedness professionals recognize the value in developing all-hazard plans. As described by the Centers for Medicare & Medicaid Services, an all-hazards approach is *“an integrated approach to emergency preparedness planning that focuses on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters, including internal, man-made or naturally occurring emergencies.”*

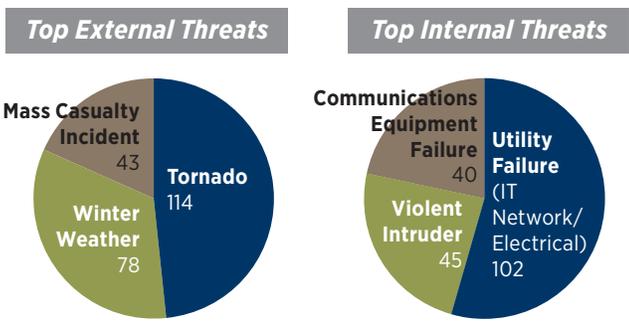
The foundation of a strong emergency preparedness program is the completion of a hazard vulnerability assessment, which is required annually by CMS and other accrediting bodies. They are generated based on historic prevalence, extent of impact and response strategies. Missouri’s experiences with winter weather, tornadoes, flooding and the anticipated destruction of a New Madrid Seismic Zone event are the focus of the Missouri Hospital Association’s preparedness efforts.

HVAs inform hospital leadership regarding organizational risks and identify those which have the most significant impact on hospital operations and can be mitigated proactively. MHA collects this information from member hospitals annually to establish program focus areas, and develop relative and timely technical assistance. The 2018 safety and preparedness program assessment of 123 hospitals* found the following.

When asked about the prevalence of actual incidents impacting hospitals, 99.1 percent of participating respondents (122 hospitals) indicated having an incident command structure for handling emergency events, while 90 percent (111 hospitals) activated their incident command structure at least once to handle an emergency event in 2017. The following were reported as reasons for activating incident command.



Based on both the perceived threats and actual occurrences, Missouri hospitals are best served to focus preparedness efforts on *patient surge, infrastructure resiliency* and *resource management*. These core competencies are essential to all response plans regardless of threat. Focusing on standardized procedures reduces program burden and staff confusion during response, and creates an opportunity to align with hospital departmental focus areas. Staff are encouraged to integrate preparedness activities into day-to-day operations to generate a ‘force multiplier’ and drive value for the organization through their skills, abilities and community partnerships.



* Totals do not equal 123 as multiple responses were allowed.



Missouri’s Office of Homeland Security manages the completion of a statewide Threat and Hazard Identification and Risk Assessment. The most recent assessment identified flooding as the most frequent risk, a New Madrid Seismic Zone earthquake as the most catastrophic, followed by tornadoes, winter storms and pandemics. These results validate and align the shared challenges among Missouri health care providers and our community partners. Hospitals should routinely review the state’s report to inform their organizational risk assessment.



Patient Surge

Hospitals should focus on consistent, practical plans to address routine mass casualty incidents resulting in patient surge. Eighty-nine percent (110 hospitals) report having an emergency operations plan that addresses scalable medical surge. One Missouri jurisdiction has made it common practice to activate its MCI plan any time an incident will result in five or more patients. Dispatch centers will send notifications via EMResource® to alert emergency department staff of the potential patient surge as a result of the incident. Often, the notifications are redacted before a need for a hospital response is necessary; however, the practice ensures timely and consistent messaging when timing counts. Other jurisdictions may identify a more appropriate trigger depending on population and medical resources but should identify a trigger that drives utilization and testing of the system.

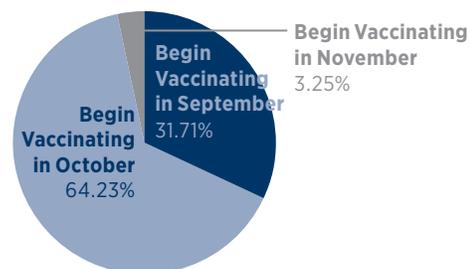
While metropolitan and high tourist areas may have greater risk for MCIs, no community is exempt from such events. Work with ED and operations leadership to review

and revise the MCI plan. Often, practices to rapidly expand capacity also improve patient throughput within the facility, which presents an opportunity to bring value to day-to-day operations.

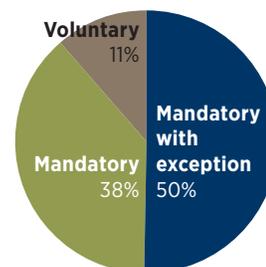
Seasonal influenza presents another opportunity to refine patient surge plans. The 2017-2018 flu season was challenging for inpatient providers because of the elevated number of influenza cases. Inpatient hospitalizations were disproportionately higher as a result of the severity of the strain. This, coupled with anticipated staffing shortages and a heightened shortage of normal saline because of hurricane impacts on production facilities in Puerto Rico, created operational deficiencies for hospitals. To better assess influenza impact through consistent querying, MHA established a standardized dataset to capture baseline information for hospital inpatient activity. More information on MHA's 2018-2019 flu monitoring strategy can be found online at www.mhanet.com/infectious-diseases.aspx.

Missouri Hospitals and Flu

80% of hospitals **REPORT 95-100% OF HEALTH CARE PERSONNEL VACCINATED**



EMPLOYEE INFLUENZA VACCINATION POLICY ENFORCEMENT



STATEWIDE NEGATIVE PRESSURE ROOM CAPACITY

190 patients ED setting **956 patients** non-ED setting

13 hospitals
no negative pressure capacity

Resource Management

MHA staff routinely monitors situations that could directly impact health care delivery, including supply chain disruptions, real world impacts to transportation routes and unanticipated patient surges that result in expedited use of critical resources. Established in 2007, the MHA-facilitated mutual aid agreement outlines specific roles and expectations for lending and receiving resources, including staff, during an emergency. This agreement was renewed in 2011, with an amendment added in 2015 to provide clarification of liability and payment guidelines. With 91 percent of MHA's member hospitals — including all Missouri trauma centers — participating, the MAA now allows interested hospitals from Missouri border states to participate when responding to incidents that impact Missouri health care providers.



Infrastructure Resiliency

Because the majority of hospital staff responsible for emergency management have multiple, competing job responsibilities, aligning with the organization’s shared initiatives is key to create efficiencies and reduce burden. Twenty-one percent of hospitals report that the preparedness program is located within the facilities department, while 20 percent report that preparedness responsibilities fall within the safety program. The risks associated with infrastructure and hospitals’ focus on safe care environments makes the knowledge and perspective of these staff critical in programming.

Hospitals are charged with providing safe and secure environments to deliver quality health care, which is an opportunity to align hospital safety and security leaders. Through MHA’s S.A.F.E.R. Initiative, hospitals have access to resources related to life safety requirements, and patient, worker and community safety.

In addition to addressing workplace violence in Missouri hospitals, preparedness staff also are keenly aware of the increased threat of armed violent intruders within the community. MHA continues to promote the nationally recognized Run-Hide-Fight training methodology for staff.

RUN

- Have an escape route and plan.
- Leave your belongings behind.
- Keep your hands visible.

HIDE

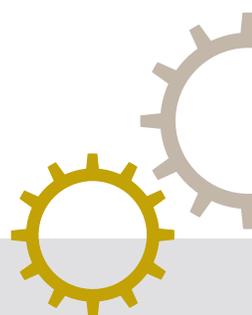
- Hide in an area out of the shooter’s view.
- Block entry to your hiding place, and lock the doors.
- Silence your cell phone and/or pager.

FIGHT

- Fight as a last resort and only when your life is in imminent danger.
- Attempt to incapacitate the shooter.
- Act with physical aggression and throw items at the active shooter.

Communications infrastructure also is a critical component of a successful and compliant hospital emergency preparedness program. In addition to established organization platforms, Missouri’s federally funded Hospital Preparedness Program has invested significantly to fund statewide, interoperable, redundant communication platforms to facilitate health care emergency communication and coordination.

Juvara’s EMResource is a web-based application initially adopted in Missouri as a tool to coordinate bed availability and hospital diversion status between hospitals, emergency medical services and dispatch centers in metropolitan areas. As Missouri’s health care preparedness program has evolved, the application has expanded in functionality and currently serves as the established statewide health care coordination platform, providing real-time text and email notifications to registered end users. eICS is a companion platform for organizational incident management that templates staff responsibilities and response objectives while providing call notifications and documentation. MHA maintains the statewide license for these applications, which is funded through the Assistant Secretary for Preparedness and Response HPP.



As hospitals conduct and review their 2018 HVAs, engage appropriate staff within the organization, community and regional health care coalition. Hospital emergency management staff bring a unique perspective, and a set of tools and resources — including access to local and state mutual aid — that can assist health care organizations with continuity of operations planning. Successful emergency preparedness programs should demonstrate integration into the hospital’s daily operations and provide value to the hospital’s mission.



CMS Survey Finding: Section 1135 of the Social Security Act

Regardless of the incident that results in hospital emergency operations plan activation, the Centers for Medicare & Medicaid Services requires adoption of certain procedures to assist organizations with responding appropriately.

In November 2017, the Emergency Preparedness Conditions of Participation were implemented by CMS. The comprehensive rule created requirements to establish and maintain emergency management programs. Shortly thereafter, The Joint Commission, among other accreditation organizations, modified their standards to maintain their deeming status.

Because of the established statewide preparedness framework developed through federal HPP funding, Missouri hospitals are well-positioned to comply with the rule implementation. This means hospital leaders have instead focused on continued refinement of established programming and monitoring survey trends to support hospital compliance. **A consistent finding during CMS surveys has been limited staff awareness and lagging polices related to requesting a waiver under Section 1135 of the Social Security Act.**

When the president declares a major disaster or an emergency and the HHS Secretary declares a public health emergency, the secretary is authorized to take certain actions in addition to his regular authorities. The secretary has the authority to waive or modify certain federal laws to include requirements under Section 1135.

CMS recommends that facilities have policies and procedures in place that address the following.

- › knowledge of how to request a Section 1135 waiver
- › the circumstances when a Section 1135 waiver might be granted based on the risk analysis (i.e. temporarily expanding licensed bed capacity due to prolonged surge)
- › how to operate under this granted waiver (i.e. communicating relocation to an alternate site)
- › how to plan jointly on issues related to staffing equipment and supplies
- › download or have immediate access to the CMS Section 1135 website

Waivers under Section 1135 of the Social Security Act typically end with the termination of the emergency period, or 60 days from the date the waiver or modification is first published unless the Secretary of HHS extends the waiver by notice for additional periods of as many as 60 days.

MHA will continue to identify survey deficiencies and provide technical assistance, as appropriate.



To obtain a Section 1135 waiver, the following four requirements must be met.

- ☑ The President declares an emergency or disaster under the Stafford Act or the National Emergencies Act;
- ☑ the secretary of HHS has declared a Public Health Emergency under Section 319 of the Public Health Service Act;
- ☑ the secretary of HHS has invoked his authority under Section 1135 of the Social Security Act and authorized CMS to waive sanctions for certain EMTALA violations that arise as a result of the circumstances of the emergency; and
- ☑ the hospital in the affected area has implemented its hospital disaster protocol.